

# CREDIT APPLICATION

Please complete all areas and send to:

Technivend, Inc  
355 Middlesex Ave #13  
Wilmington, MA 01887  
Fax 978-658-9649  
Email: Sales@Technivend.com



## THE WITTERN GROUP

FINANCIAL SERVICES

### Sales Information

Name of Salesperson: \_\_\_\_\_ Don't know or don't have one, enter "None"

Amount of Credit Requested:  \$0-\$5,000  \$5,000-\$25,000  \$25,000+

### Business Information

Current Finance Customer:  Current Customer  Past Customer  New Customer Finance Customer Number: \_\_\_\_\_

Type of Business:  Individual  Proprietorship  Corporation  Other

Years in Vending:  Not in Vending  New Vendor  1-2 years  3-4 years  5+ years

Number of Routes: \_\_\_\_\_ Number of Locations: \_\_\_\_\_ Number of Machines: \_\_\_\_\_ Annual Vending Sales: \_\_\_\_\_

Customer Name (Legal): First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business or DBA Name: \_\_\_\_\_ If none, enter "None".

Business Address Line 1: \_\_\_\_\_

Business Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone/Alternate: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Owner/Authorized Signer 1:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Owner/Authorized Signer 2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Credit Information

Number of Years at Address: \_\_\_\_\_  Home Owner  Renter

Same as business address:  Yes  No

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Nearest Relative not living with Customer:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### Employment Information

Employed Outside of Vending?  Yes  No

Employer 1: \_\_\_\_\_ Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer 2: \_\_\_\_\_ Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Phone: \_\_\_\_\_

### Trade References

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Account: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Account: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Account: \_\_\_\_\_

### **Important Notice**

I understand that Wittern Financial Services is relying on this information in extending credit and I warrant it to be true. I hereby authorize Wittern Financial Services or any bank/and or trade bureau or other investigative agencies employed by Wittern Financial Services to investigate the references herein listed or other data obtained from me or any other person pertaining to my credit and financial responsibility. The undersigned authorizes all parties contacted to release credit information requested, or its successors or assigns.

Signature \_\_\_\_\_ (position of signer)

Signature \_\_\_\_\_ (position of signer)

\_\_\_\_\_ Date

Revision Date: 04/19/2006

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You By 